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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101149660		FILING DATE	
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.	2		2						
TOTAL DEP.	9		14						
TOTAL CLAIMS	11		16						
PTO-1360 (3-78)									

	IND.	DEP.	IND.	DEP.	IND.
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TOTAL CLAIMS					